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occurred before birth, both the intra-ocular and the extra-ocular muscle-groupings, as a rule, remain unaffected both as to innervation and as to proper action; in fact they seem ordinarily to retain their original condition without any pronounced indications of wear and tear; a condition that most probably evidences very little abuse of a delicately poised muscular apparatus. 3. In the second stage of paresis, as seen in the male, both the intra-ocular and the extra-ocular motor-groupings are in all instances more or less paretic, as evidenced by great inequalities and irregularities of pupillary areas, with peculiarities in iritic movement and loss in ciliary tone and power, as well as by extra-ocular insufficiencies and ataxic nystagmic motions, all indicative of imperfect muscle-innervation and inadequate muscle-action.

An Analysis of the Ocular Symptoms found in the Third Stage of General Paralysis of the Insane. By C. A. OLIVER, M. D. Medical News, 1890, lvii., p. 287.

Each subject was seemingly free from any gross extraneous disease or local disorder, and discretion was exercised that authoritative medical opinion had been given as to the type and stage of the general complaint; the study was limited to the male sex. In a disease of such complex symptomatology, where doubtless quite a number of pathological peculiarities exist at one time, accurate pathognomonic changes cannot be expected in each case, and for this reason a great number of seemingly similar cases were studied to obtain an idiocratic picture of the oculo-motor and retinal changes. A study of 32 cases gives the following conclusions:

1. The oculo-motor symptoms of the third stage of General Paralysis, which consist in varying, though marked, degrees of loss and enfeeblement of iris response to light stimulus, accommodative effect and converging power; lessening of ciliary muscle tone and action; weakening and inefficiency of extra-ocular muscle motion,—all show paretic and paralytic disturbances connected with the oculo-motor apparatus itself, of greater amount and more serious consequence than those seen in the second stage of the disease.

2. The sensory changes in the third stage of General Paralysis, which, though similar to those found in the second stage of the disorder, are so pronounced as to show a semi-atrophic condition of the optic nerve head, and marked reduction in the amount of both optic nerve and retinal circulation, with consequent lowering of centric and excentric vision for both form and color—all indicate a degenerate condition of the sensory portion of the ocular apparatus, with impairment of sensory nerve action.

3. The peculiar local changes seen in these cases, which consist in conditions of the choroid and retina, indicative of local disturbance and irritation of these tunics, more pronounced than those seen during the second stage of the disease—all represent the results of greater wear and tear given to a more delicate and more weakened organ.

4. Both the motor symptoms and the sensory changes of the ocular apparatus, as thus described in the advanced or third stage of General Paralysis, furnish not only evidences of a local disturbance of a more pronounced type than those shown in the second stage of the disorder, but plainly show themselves as one of the many peripheral expressions of fast approaching degeneration and dissolution of nerve elements, most probably connected with related cortex-disintegration and death.

Note on Optic Nerve Atrophy preceding the Mental Symptoms in General Paralysis of the Insane. By JOSEPH WIGGLESWORTH, M. D. Journal of Mental Science, 1890, XXXV, p. 389.

In a previous communication (*Brain*, 1884), Wigglesworth and Bick-